Shelter Programs
Input Sessions Results
January - February 2008

Department of Housing and
Community Development

Purpose
The purpose of the input session process was:

- To gather information from the state funded *Homeless Shelter Program* grantees on their programs, and

- To gather feedback on recent and proposed programmatic changes to the overall state administered homeless shelter programs (federal Emergency Shelter Grant (ESG), State Shelter Grant (SSG), Child Care for Homeless Children Program (CCHCP), and the Child Services Coordinator Grant (CSCG)).

Participants
Input session participants were program staff (at least one) from state administered shelter programs receiving 2007-08 shelter allocations through the Department of Housing and Community Development (DHCD). These organizations include emergency, seasonal, and day shelters, transitional housing programs, and domestic violence shelters. All of the participant organizations receive 2007-08 SSG; some receive ESG and/or funding for child care services and/or coordination.

Eighty-two of the 119 (or 69 percent) of the 2007-08 shelter grantees attended one of the three input sessions. A total of 174 respondents representing the 119 programs provided input through the input session/on-line survey.

Methods
Data was gathered through in-person meetings (input sessions) held in:

- Roanoke on January 14, 2008
- Abingdon on January 15, 2008
- Richmond on January 22, 2008
- Norfolk on January 23, 2008
- Annandale on February 7, 2008

and through an on-line survey that mirrored questions asked during each session.

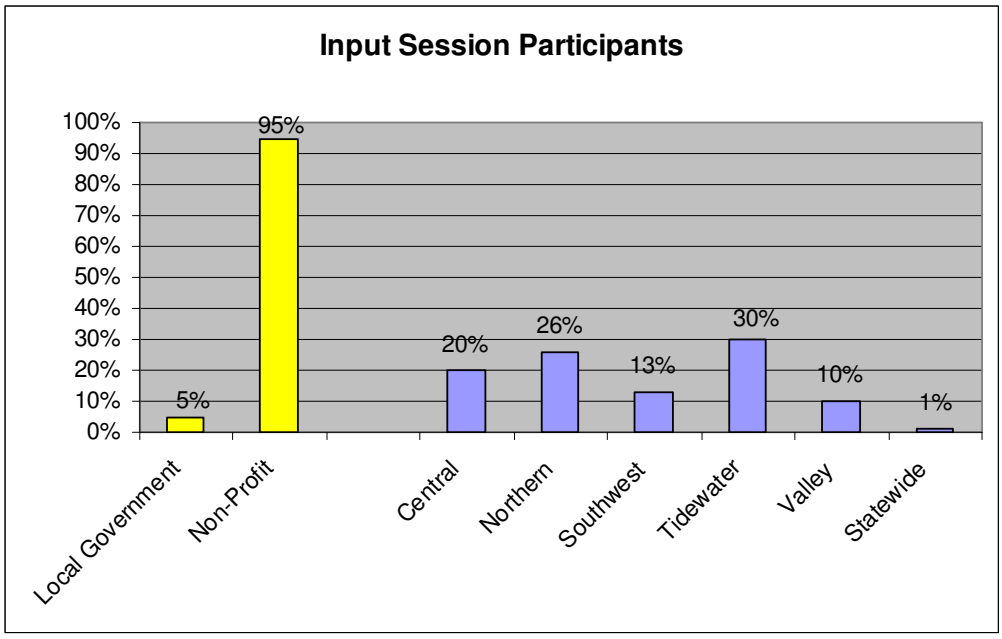
Participants that attended the in-person session were invited to provide additional information through the on-line survey and to forward the on-line survey and meeting presentation to other program staff that were unable to attend.

The in-person sessions utilized OptionTechnology, a real-time survey tool that allowed DHCD to collect input through specific questions during the meeting. Session participants were able to review and discuss the question results during the session. In addition, open-ended responses and other comments were recorded in writing.

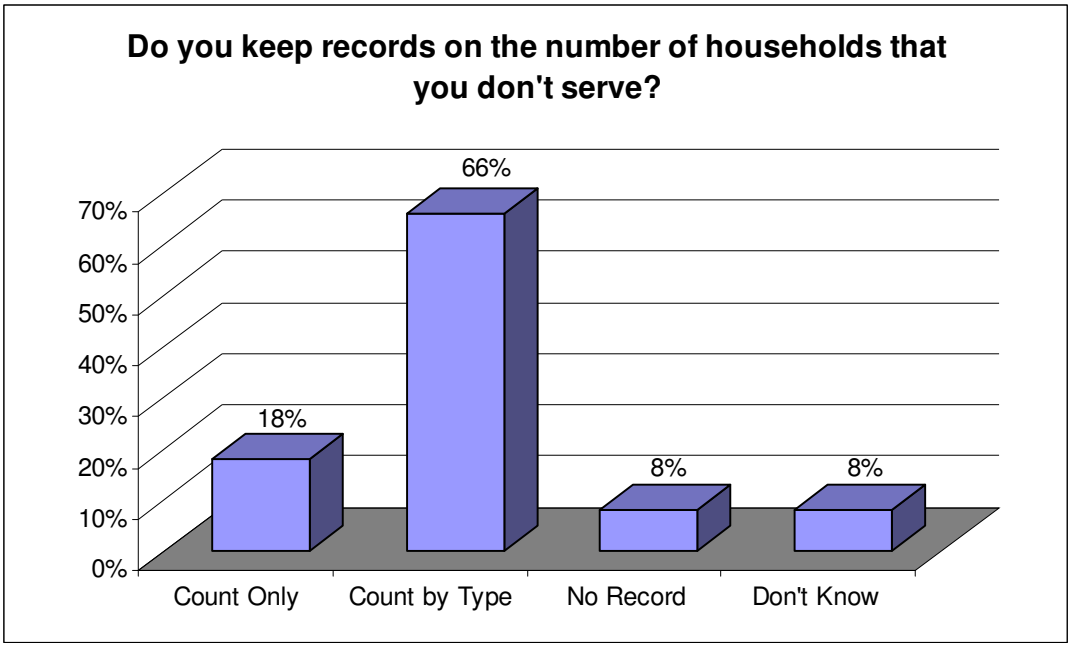
Grantees had until close of business on February 15, 2008 to submit input through the online survey version.

All input was analyzed. Summary results and trends are provided in this report for internal uses, as well as made available to the grantees.

Summary of Findings
Five percent of respondents are representing local government organizations and the remaining 95 percent are private non-profits. More than half (56 percent) of the participants were either representing organizations that were focused in Tidewater or Northern Virginia.



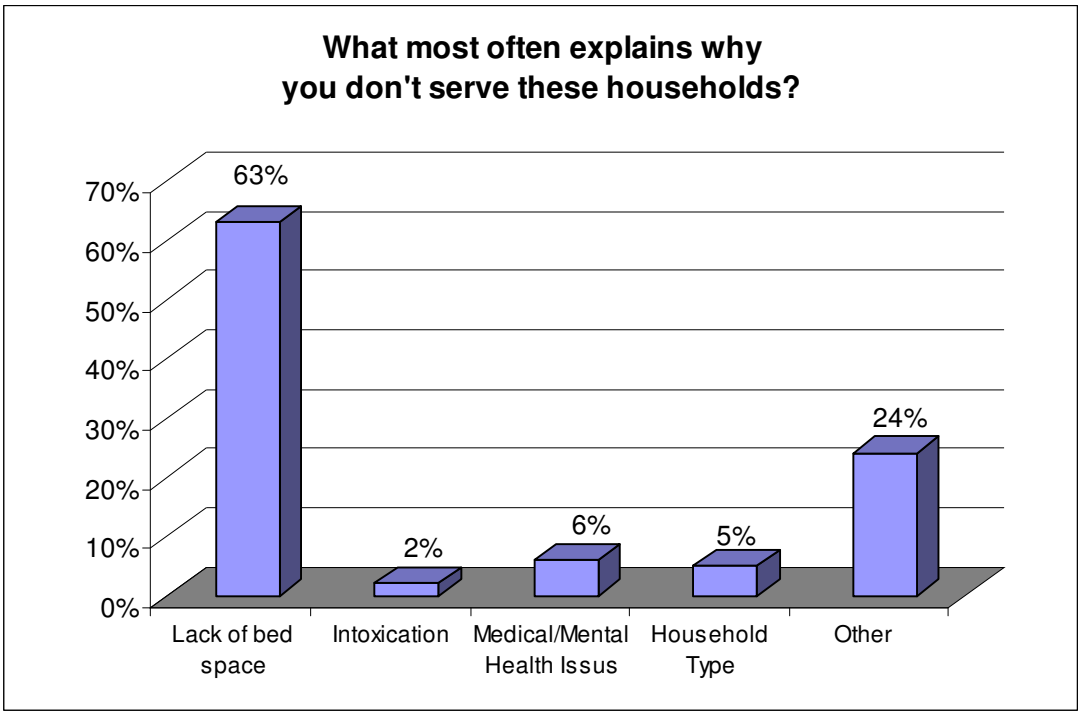
Shelter providers were asked questions through both the input sessions and the online survey about their programs and how these programs are managed. One of these questions is about managing records of turn away counts. Sixty-six percent of the participants indicated keeping *turn away count by type (or reason).* Input session participants representing Central Virginia shelters (18 percent) were more likely as compared to the other regions (zero – seven percent) to report that they did not keep any turn way records.



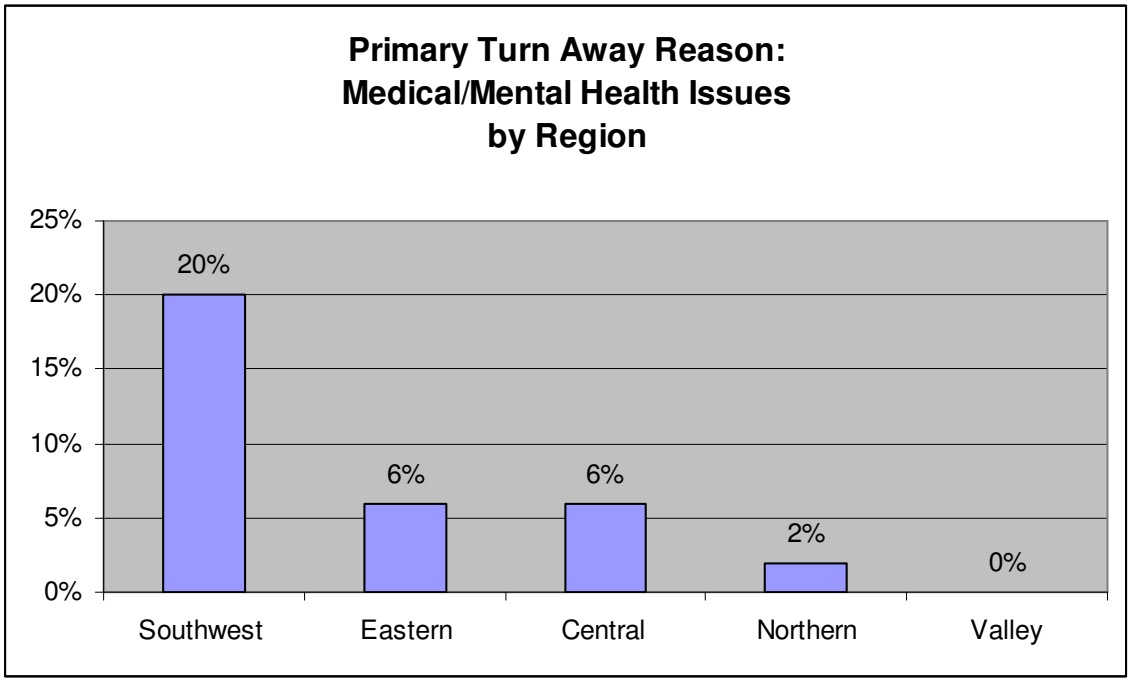
Transitional housing and shelter providers (63 percent) tended to indicate lack of bed space as the primary reason that people were turned away from the program. Twenty-four percent of participants indicated "other." The most frequently listed "other" reasons are:

- Criminal records (felons, violent crimes, and/or sex offenders)
- Ineligible clients (due to HUD definition of homelessness and for Domestic Violence shelters non-domestic violence victim)
- Inappropriate referrals from outside the agency (client needs did not met program guidelines)

Jurisdictional issues were identified during input session discussions as a reason for turning away some individuals. Participants discussed local government policies that limited the number of non-local homeless individuals that could be served through programs.


What most often explains why you don't serve these households?
70%
60%
50%
40%
30%
20%
10%
0%
63%
2%
6%
5%
24%
Lack of bed space
Intoxication
Medical/Mental Health Issus
Household Type
Other

Those participants working in Southwest Virginia were more likely (20 percent) to report medical/mental health issues as the primary reason why individuals were turned away as compared to the other Virginia regions (zero – six percent). Providers in Southwest Virginia also discussed local discharge practices and the lack of mental health resources as a significant local barrier. Note that providers from Southwest Virginia also tended to note mental health assessment and intervention as a current training need for their shelter programs.



Participants reported that 42 percent of clients found out about the shelter program through a referral from another agency. Another 14 percent selected "other." These responses included other means of non programmatic referrals:

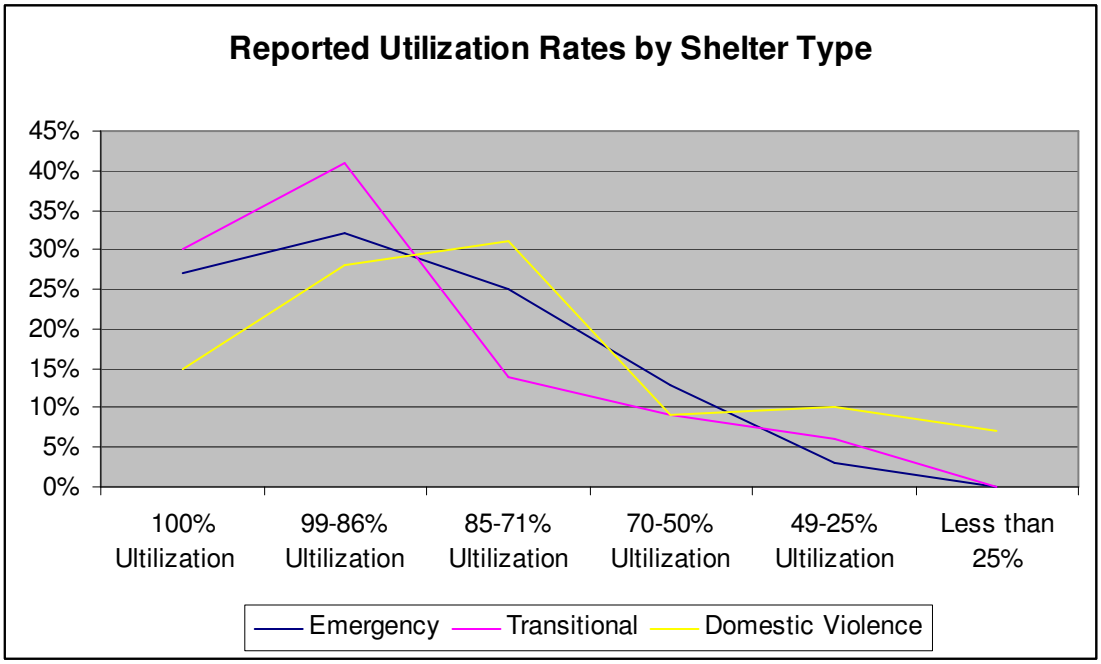
- Self referral
- Phone book
- Internet
- 211

While few (17 percent) participants indicated that clients were referred to their program through a central intake program these respondents tended to be from the Eastern, Central, and Northern regions of Virginia, the more suburban/urban areas of Virginia where there are established central intake processes.

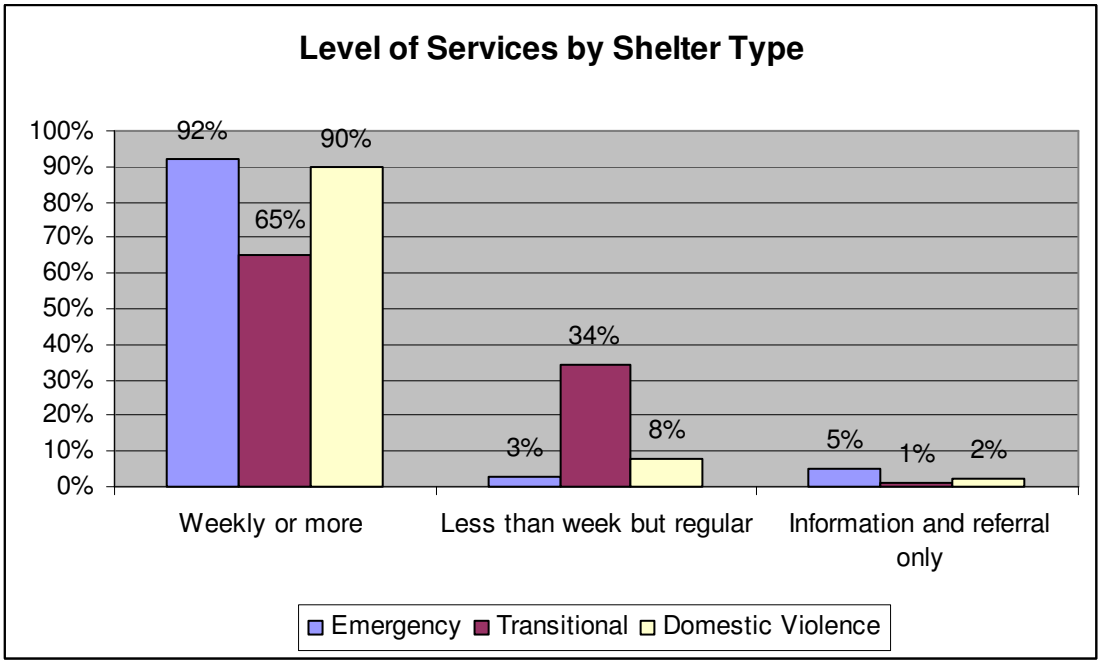
Forty-two percent of participants indicated having a waiting list. Providers with waiting list tended to be transitional housing programs; however a significant number of emergency shelter providers also indicated having waiting list for their

shelter programs. Eighty-nine percent reported that clients were typically on a waiting list for six months or less.

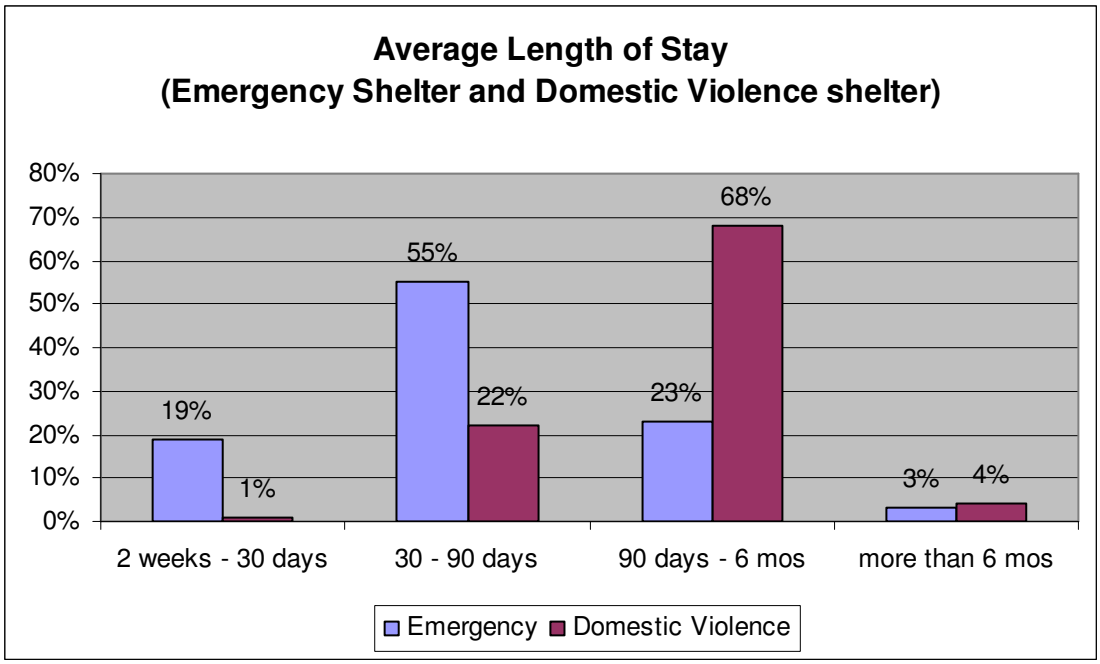
As a rule the more suburban/urban areas of Virginia reported higher overall utilization rates regardless of shelter type. Emergency shelters and transitional housing programs tended to report overall higher utilization rates as compared to domestic violence shelters.

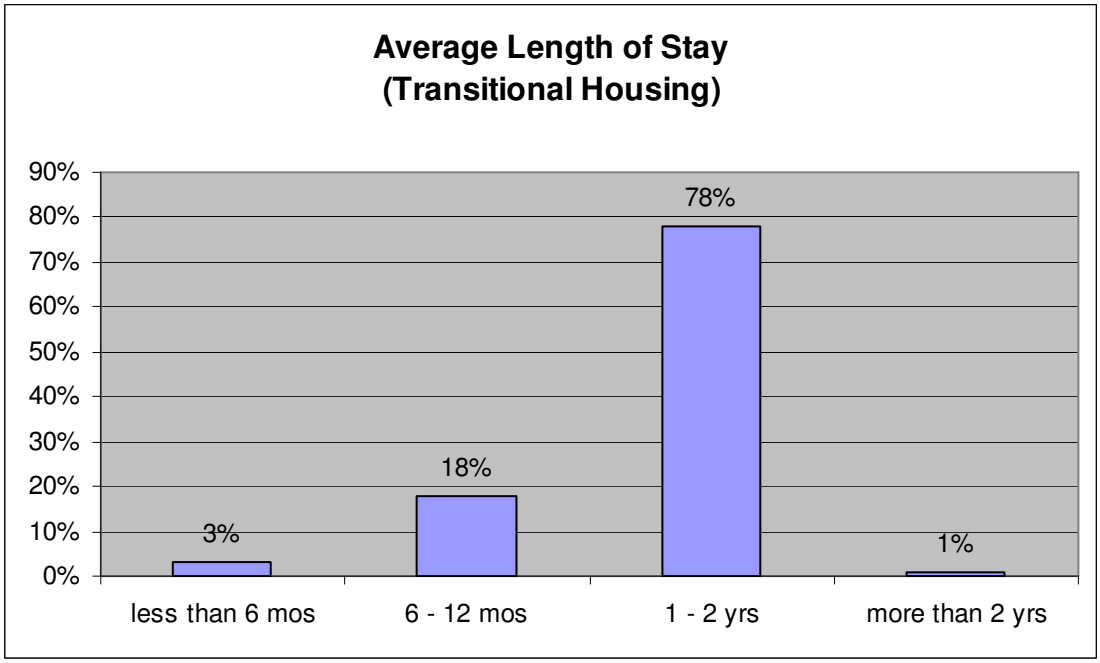


All programs tended to indicate providing weekly or more contact with clients. Emergency shelters were more likely (five percent as compared to one - two percent) to report providing information and referral only.



Seventy-eight percent of participants that provide transitional housing indicated the average length of stay to be between one and two years. More than half of emergency shelter providers reported the average stay as between 30 and 90 days. Domestic violence shelters tended (68 percent) to report the average stay between 90 days and six months.





Most (62 percent) domestic violence shelters reported that their program defined domestic violence victim as any domestic violence victim needing shelter regardless of when the violence occurred. Another 31 percent indicated that their program required that the victim be in "immediate danger from their abusive partner." Several providers noted that the occurrence of domestic violence must be within "30 days" of the client seeking services.

Nearly all (87 percent) domestic violence shelters indicated taking non-domestic violence clients if space available. Notably, nine percent said that their program did not take non-domestic violence clients regardless of available space.

Participants were asked, if applicable, why budgeted Child Care for Homeless Children Program (CCHCP) funds were not spent. Thirty percent of providers indicated that funds were primarily not used because the clients did not have jobs and therefore were not qualified for the child care assistance. Responses are as follows:

- Client did not have a job (30 percent)
- Time limitation on how long clients can receive assistance (18 percent)
- No children or children already have child care covered (7 percent)
- No child care providers (11 percent)
- Lack of internal capacity to manage funds (11 percent)
- Other (23 percent)

Other responses included comments about the level of program complexity and that cash flow issues were a concern. DHCD staff explained recent changes in program guidelines during the input sessions. These changes removed previous time limits for receiving childcare assistance. The new guidelines allowed eligible clients to receive child care assistance during the entire length of their program stay. A number (at least 18 percent based on session results) were unaware of these changes). Several participants indicated that the change in policy was helpful.

In addition, DHCD discussed changes that had been made to streamline the reimbursement process. Participants responded favorably to these changes. Several providers indicated that while in the past they had declined these funds, that they would now be interest in accessing the assistance for their clients.

Several providers receive funding to help support a child services coordinator position. These providers were asked to describe the job responsibilities of the child care coordinators. Providers indicated that these coordinators were involved in a number of activities, including:

- Coordinating with schools
- Overseeing support groups
- Supervising or coordinating childcare services
- Assessing children and making referrals
- Providing trainings

A number of participants expressed concern over the current method of determining the allocations for the coordinator position and asked that DHCD review this methodology for possible improvements.

When asked about training needs transitional housing and shelter providers tended to identify:

- Basic professional/organizational development needs
- Program-specific trainings needs
- Multi-cultural related needs

Many of these needs were basic professional and/or organizational development needs including, computer skills, management and supervising skills, and board development. Providers also indicated needing grant management and outcome logic model training as a current need.

Program-specific training needs included for example:

- Case management related skill development
- Mental health and substance abuse assessment and intervention training
- Housing counseling training
- Crisis intervention training

Diversity/cultural sensitive training needs identified by providers included:

- Immigration law
- Spanish
- Cultural sensitivity training

Providers were specifically asked if their programs had logic models, a top-level depiction of the flow of materials, processes, and services to produce a desired program result(s). Fifty-eight percent of shelter providers indicated that they had an outcome logic model for their program. Shelter providers were more likely to report already having an outcome logic model as compared to the HIP Program (22 percent), a homeless prevention program also administered through DHCD. Providers in Central Virginia are more likely to report having a logic model as compared to the other regions. General discussions of a future logic model requirement did not produce any significant objections. An online respondent wrote,

> *I just took a class in Logic Modeling and appreciate its accountability. – Online Respondent.*

Other respondents encouraged DHCD to be more outcome focused. Specifically, one online respondent wrote,

> *I would like to see DHCD focus on outcomes such as the length of homelessness. It may be necessary to differentiate by area of state. In the Capital Region, we would benefit from a more proactive stance at DHCD-- even if other areas of the state aren't ready. We will never change our system to focus on housing stability without some pressure from all funders. – Online Respondent.*

Participants were asked for feedback on recent changes:

- New management
- Shelter rehab/expansion program modifications
- Change in funding formula
- New reimbursement forms
- Change in reimbursement schedule
- Provision of an initial upfront allocation
- Child Care assistance (CCHCP) for the entire length of program stay

All input sessions and many online respondents noted a noticeable improvement in DHCD staff availability and overall program management.

> *Knowing who [at DHCD] to talk to has made things a lot easier. –Input Session Participant*

> *A tremendous improvement over previous years. You are closing the gap! Keep up the great work, I know it takes time. –Online Respondent*

> *There have been significant and positive changes in DHCD responsiveness and willingness to help. – Online Respondent*

> *The changes have been great. I believe the new management is working to bring the funding process to a fair workable process. –Online Respondent*

While there were a few comments that noted a concern over the change in the funding formula and how it may impact individual shelters, most feedback was positive.

Additionally while a few individuals had issues with changes to the reimbursement forms and processes, most feedback was positive.

Participants were asked for feedback on possible changes:

- Continued enhancement of the funding formula
- Outcome logic models
- Rural best practice research
- Two-year shelter grants

Overall providers were highly supportive of a two-year contract period. Additionally most feedback was supportive of continued enhancements to the funding formula and an outcome logic model requirement. Shelter providers from rural areas of Virginia noted in several cases unique challenges in serving homeless individuals in these areas and appreciation for best practice guidance that the state could provide.

All input sessions noted general improvement in DHCD program management including expressing appreciation for the opportunity to provide input.

On core performance measures, providers rated DHCD lowest on "fair funding process" and their "understanding of DHCD's funding process." These areas represent opportunities for significant improvement.

DHCD Performance Measures ***As of July 1, 2007***	
How strongly do you agree or disagree with the following statements?	*Favorable Ratings "4" or "5"*
DHCD staff promptly returns emails and/or phone calls.	86%
The Department of Housing and Community Development (DHCD) provides great customer services.	83%
DHCD provides us the information we need to run our program.	81%
DHCD provides us the information we need in a timely manner.	72%
DHCD is focused on results.	66%
The DHCD funding processes are fair.	53%
I understand how DHCD makes funding decisions.	51%

Considerations
Based on the Shelter Programs input session results, DHCD should consider the following items:

- Provide specific training on the "turn away" count data requirement and methods
- Review and address, as needed, program reporting requirements in general
- Continue to monitor recent programmatic changes
- Monitor any possible jurisdictional issues such as those related the limitation of access based on residency
- Review further Domestic Violence shelter needs and utilization rates to improve overall leveraging of these existing resources
- Assure that CCHCP guidelines and most recent changes are fully articulated to grantees
- Review for possible improvement the methods for determination of Child Services Coordinator Grant allocations
- Consider program modifications toward a more outcome based focus
- Consider a two-year grant period

Grantees are required to report number of clients "turned away." Eight percent of input session participants reported that they did not keep records of the number of clients turned away. DHCD program staff should assure that program guidelines and reporting formats clearly state these reporting requirements and provide technical assistance, where needed, to assure that the appropriate data is collected and reported. In some cases lack of turn away counts could be related to central intake programs.

DHCD staff should review all program reporting requirements and processes to improve overall alignment of forms and processes with reporting requirements and improve where possible focusing on ease, efficiency, and data quality.

Overall shelter providers favored recent changes made to the program. Staff should continue to assess the overall effectiveness of these changes and gather feedback at year end from grantee.

While there were only a few participants that indicated local government policies that may be partially limiting shelter access based on prior residency, DHCD staff should continue to monitor this issue for local and regional impact to homeless service provision.

DHCD should conduct a review of rural best practices to be shared with rural providers operating within the state of Virginia. Efforts should be made to identify practices occurring within the state of Virginia and any research-based

practices that would provide guidance to shelter providers operating in Rural Virginia.

DHCD should review domestic violence shelter bed needs across the state, best practices, and current practices to identify strategies to better leverage domestic violence shelters to meet overall community needs.

Review CCHCP guidelines and assure that grantees are utilizing the most up-to-date guidelines. Reassess program changes at year end.

Review DHCD's method for determining child services coordinator grant allocations. Involve providers in determining a more effective method of distribution. Consider leveraging local Continuum of Care groups to determine local needs, goals, and strategy for utilizing the CSCG funding. Consider a local Continuum Care application process that would coordinate with existing Balance of State Continuum of Care processes.

Many providers already have outcome logic models. DHCD should review current practices to determine next steps toward instituting a more outcome-based program strategy. Consider phasing in outcome logic models.

Participants were supportive of a two-year grant period. This change would allow more adequate time for the implementation an outcome based application and reporting process as well as allow more time for program monitoring and focused trainings.

Open-Ended Responses

This includes all open-ended responses from each Shelter Programs' input sessions and from each survey completed online.

What best describes why you don't serve these households (other – response)?

Inappropriate Referral

Drug/Alcohol abuse, male

Jurisdiction

Not suitable

Clients don't complete the application process

Clients don't fit mandatory criteria

Financial

NA –all clients go through central intake

Residents need to be self sufficient

[Client] Not domestic violence [victim]

Criminal record, DV

Does not met the HUD definition of homeless

Felon (sex offender)

Threatening/fighting volunteers or guests

N0 Program Commitment

Lack of space on unit - ie, no family rooms but will have single adult rooms

Not an appropriate placement

Jurisdictional reasons ("*If the client is not from [our county] we can not serve them).*

Clients do not have or can not get a police pass (criminal background check)

Client is not technically homeless

Client is not considered a domestic violence victim if domestic violence occurred more than 30 days earlier [Domestic violence shelter]

How do clients typically find out about your program (other – response)?

Self referral

Police

Combination

Friends or family

Phone book

Churches, other agencies

211

Internet

Outreach team-PATH

All of above except central intake

It varies

For domestic violence shelters, how does your program define domestic violence victims (other – response)?

Domestic violence must have occurred within 30 days.

It could be a victim in need of other services such as support groups, court accompaniment, etc. as long as the incident occurred within the last 30 days

What other types of services providers do you coordinate with most frequently? (Duplicated responses removed)

DSS

CSB

Housing Authorities

Legal Aid

Health Services

Colleges and job programs

Department of Corrections

Social Security Office

Immigration Services

CASA

Landlords

Churches

Rental Assistance programs

School Systems

Child Care Providers

Other Shelters

Employment/Job Training Programs

Law Enforcement/Courts

Support Groups

Transportation Providers

Healthy Families

Day Substance Abuse Treatment Program

A lot of mainstream services

Disability Benefits

If your agency doesn't fully utilize their budgeted amounts in childcare services funding (CCHCP), what best describes why (other – response)?

Most clients eligible for childcare from Social Services

Not sure

Reimbursement time too long – we have a cash flow issue

We thought it was too complicated before this meeting and avoided using the resource – based on this meeting it looks like we could use this funding easier than we thought.

Agency cash flow

Too many hoops for clients to jump through

Available childcare providers are non eligible (approved) through the program

Please briefly discuss the other programs that your agency provides. (Duplicated responses removed)

Children's Programs

Sexual Assault Programs

Violent Crimes against Women Trainings

Thrift Store

Outreach

Transition in place program

Financial literacy classes

Court advocacy

Latino Outreach program

Childcare

Supervised visitation

Nutrition

Clothing
Income tax prep

After school care

Special education

Co-occurring SA/MH treatment

Resume writing and job placement

Budgeting classes

Parenting Classes

Tutoring

Intensive Case Management Services

Art Therapy

Financial (rent, mortgage, utilities) Assistance

24 hour hotline

After Care Program

Basic Life Skills Training

Jail/prison outreach program

Domestic Violence Hotline

Child mental health services

Pet Safe Program

Respite Program

Central Intake

GED courses

Soup Kitchen

Food pantry

Furniture and other donations clearing house

Head Start

Substance Abuse Treatment

Support Group

Children's' Health Services (CHIP)

<u>If your agency receives child services coordinator funding (CSCG), please describe the child services coordinator's responsibilities. (Duplicated responses removed)</u>

Conducts child assessments

School enrollment

Coordinate with DSS

Volunteer coordination

Helping mothers to learn how to work with schools

Referrals for Mental Health and other services

Provide support groups

Educate other staff (child and parenting related)

School bus coordination

Provides parenting classes

Oversees child care program

Reading program

Coordination of a summer camp

Liaison with school counselors

Provide/oversee children and parent support groups

Working with mental health, doctors, dentists, school systems, day care, keeping all records on all children

Making sure children are up to date on shots, all documents are up to date i.e. birth certificates, immunization records, physicals.

For children with behavioral issues, getting them referred to appropriate services, assisting with integration into Head Start and R.I.S.P., weekly follow through with parents issues and concerns

Oversee/Provide total Case Management of all children including Education, Health and Mental needs

Transportation management of school age children, conducting a survey to identify growth and development problems, volunteer tutors for school age children, play partners for preschoolers, manage kid's cafe, meet with parents weekly to discuss child progress, Conduct group counseling

Medical, health nutritional assessments. Weekly basis

Please describe unmet shelter client needs. (Duplicated responses removed)

Transportation

Substance Abuse Services

Mental Health Services (long and short term)

Financial

Discharge Planning

Adult literacy classes

English as Second Language classes

Adolescent program

Single adult shelter beds

Single male shelter beds

Detox Program

Living Wage jobs

Appropriate hospital discharges

Prescription assistance

Sick child and off hours child care

Dental Care

Appropriate health care

Child care

Medications

X-offender programs and housing

ID documentation

Money for childcare, additional funding for Art Therapy Program, Volunteers

Prevention funds-that are accessible

Those receiving disability can't find affordable housing

Clients need financial assistance, employment assistance/training, daily living skills training, child care, and transitional housing opportunities

Housing for male partner or teenaged boys

Affordable housing

Lack of therapeutic services remains a major obstacle. Clients typically wait 6-8 weeks for services and often this lack of service impedes progress on other needs.

Employment training programs, programs for offenders, vital records/documents referral resources

Child care that is available for respite care and for going to appointments where children are not allowed.

Childcare transportation

Car repairs

Lack of child care options, limited access to medical, dental and eye care

Intensive parenting support

Not enough housing for women with boys over 12 years of age

Off hours/weekends childcare providers

Computer access for clients

No public housing, limited of section 8 availability

Transitional housing and larger facility

More apartment units

Please describe any gaps, needs, or issues that your shelter buildings/structures/facilities face today.

Domestic violence shelters require a confidential location, but zoning and local approval requires a public hearing.

Appropriate office space [away from clients and service provision]

Major/minor renovations

Increasing utility costs

Grounds maintenance

Age of the building

Bed bugs

Elevator

Condo association rules – this is some of the "affordable" housing opportunities for the agency both condo rules and fees are a barrier

Play areas for children (indoors and out doors)

Weatherization

Regular maintenance

Security

Need funds for maintaining our 100 year old building

An office space away from shelter, heat pump repairs, new appliances

Recreational space

Our building was originally built in 1870, it was remodeled in 1999, but is showing wear and tear. We have a need for transitional housing in our county

Designated counseling space. Bed bugs.

Planning to expand shelter to provide an additional family space/room.

Building in constant need of repair because of age and settling of floor slabs

Shelter needs to be replaced

New roof, new kitchen, new heat pump

Space

We are running out of space.

We have just purchased a building that requires $16,000 of rehabilitations

More beds, donors, and supplies

Lack of competitive wages, lack of funding for upkeep of shelter, need more organizational structure, need more community supports

Need better communication with area shelter programs

Need staff office space and weatherization of building. Building is in bad condition.

New windows, ADA upgrades

Case managers

Temporary funding for straight operations and/or urgent repairs

Elevator

Surveillance

We currently operate out of a hotel. Our clients don't have access to a full kitchen for meal prep.

More space. The pipes are old.

Landscaping, security system, pest control, access to furnished apartments, new laundry room, and more handicap accessible units

Not fully handicap accessible, septic problems, no fence, can not open all windows

Storage – not enough on site storage for donations and resident supplies (hygiene, school, food, bedding)

Lack of space for computers. Shelter is old and small, needs replacing. Agency is trying to find funds to cover cost.

More room

Need more space

Major structure problems – exterior wall fell

Private counseling rooms and class rooms

Major appliance replacement

Ground upkeep

HMIS compliance

Security

Cost of utilities

Handicap Accessibility

Please tell us about any "Housing First" activities in which your agency may be participating.

We will refer our clients to Housing First funds established by the City of Charlottesville

We have some money set aside to help pay rent for a month. However, this is not working because at the end of the month they still need help due to a lack of proper case management services

Referral source to existing program – APTS

I don't know

Housing broker program (works with landlords)

Permanent housing units that have the same services offered to the transitional housing units

Have 3 Housing First model housing programs - first one started about 6 years ago - very successful- Safe Haven - permanent housing scattered site apartments

We are sometimes able to "fast track" shelter clients into our Adopt-A-Family program.

Through continuum of care

All applicants for shelter are first screened for prevention assistance and second for housing assistance prior to shelter placement

None

We began a housing first project 2 years ago. We found that when clients were housed unconditionally, progress toward self-sufficiency ended. We moved those units to transitional housing and have no housing first at this time

Difficult to participate due to lack of funds.

HSCC participation

Case Management

Don’t Know

Families who achieve permanent housing may continue working with the agency's social worker for their first year back in independent housing. Allows the family to fill in gaps in knowledge and skills, increases likelihood of problems being caught before it becomes a crisis and allows social worker to tailor fit counseling sessions to the family's specific needs.

Permanent supportive housing x 3 HUD funded programs for homeless persons/families with disabilities

HIP program in coordination with housing, applying for section 8 financing

Housing first works VERY WELL when there is FIRST HOUSING - Northern Virginia very difficult for nonprofits to compete at market rates for affordable housing be it landlord based or nonprofit ownership

Partnering with the CSB (TBRA vouchers)

Focus on homeless prevention services

Transition in place program

Please discuss any training needs that your program has that would help improve overall management of the programs.

Housing Counseling Training

Need a more effective way of making sure that staff are all certified in CPR/First Aid

Training in assessment of emergency mental health needs

Computer skills

Train the trainer – budgeting classes

Co-occurring disorders

HR training

Spanish

Management training

Grants management training

Crisis intervention

Fair Housing Training

Cultural sensitivity training

Immigration law

HUD updates, program regulations

Case management, coping with substance abuse problems, board member trainings

Part time staff in nonprofit organizations and children at risk issues, Assertive Discipline Techniques

Case management training for those who have degrees in other areas

Outcome management

Behavioral health, first aid, immigration issues

Alternative funding sources

Team building would be the major need as morale is low

We are poor at marketing

Ongoing training in DV and stress mgt

Financial Planning and NA/AA in house meeting twice weekly

CPS First time managers AED

We are always looking for ways to do our jobs better. Case Management workshops would be helpful.

Case management training.. secondary trauma management for case managers, cpr and first aid.. grant writing.. organization/development of budgets. Supervisory and management training

Rights of Homeless families, managing disruptive residents, motivational interviewing, diversity (gender, sex, race, handicapped)

Case management

Agency needs to find a way to provide stronger training to staff without going broke in process.

Understanding mental health criteria for interventions by community resources

Learning what an outcome logic model is and more info on "Housing First" ALSO housing training closer to our location

Working with mental health clients

This year we will institute the Mandt System for case managers and will begin partnership for grief/loss counseling.

Housing counseling training offered regionally

Client intake and assessment for clients with mental health and substance abuse disorders

Additional Suggestion or Comments

Know who [at DHCD] to talk to has made things a lot easier

A spending “reminder” is helpful.

A way of confirming the transaction [receipt, processing, and deposit of reimbursement] would be great.

Simplify reporting form.

Increase in funding is essential to continue professional services.

More on-going meetings with grant providers - not just once a year Keep your staff - I know this is not really controllable but the problems above were caused this fiscal year with the lack of consistent, knowledgeable DHCD staff - we miss Joe Speidel!!! He knew the program and funds and how to do the work and had actual experience, and was a partner WITH US.

Update website to include all current forms

I would like to see DHCD focus on outcomes such as the length of homelessness. It may be necessary to differentiate by area of state. In the capital region, we would benefit from a more proactive stance at DHCD-- even if other areas of the state aren't ready. We will never change our system to focus on housing stability without some pressure from all funders.

A tremendous improvement over previous years. You are closing the gap! Keep up the great work, I know it takes time

Thanks for all ongoing work upgrading reporting systems and forms

No Comment

Nicole has made a positive difference in responding to the grantees questions and needs. Thank you

If shelters get bed night funding for ‘turnovers’.. then transitional programs should get 'bed nights' for each night a person is in the program.. Transitional programs number of beds occupied should be based on the number of beds in the apts..

not the number of occupants of those beds.. for example.. a one bedroom occupied by a single adult should qualify as 2 beds, This eliminates discriminating against smaller families.. DHCD personnel could come more frequently to follow up on programs and training of on site personnel Northern Virginia per bed funding should be higher/weighted for the extreme cost of living in the area.

2008 SOP's were not available until 12/07-need worksheet instructions & interpretations of data fields for clarity

We could always use more funding.

Emergency hypothermia shelters don't fit all the questions

There has been significant and positive changes in DHCD responsiveness and willingness to help. I disagree on the funding formulas for emergency shelters who serve 107 children in a year and only receive funding @ $13K - this hardly provides adequate CSC care.

Need quicker reimbursements

Need a notification of funds being direct deposited (with multiple state funding sources and possible adjustments to the actual amount this would be helpful.

For the CSCG, make more access for programs. This should not be based on the number of new children in the program. For programs with longer stays, is a big problem.

Providers need to get hooked into the HMIS system.

Need an introduction to transitional housing programs

<u>Recent Program Changes (feedback)</u>

Look at how you can improve the allocation of child care coordinator funds. As stays are increasing in length – using the number of new children in the program is a problem.

The off month can be very tight financially, not enough lines on forms, and we have to have TANF used by April

We are getting guidance when we need it.

Staff changes are good, funding formula needs some additional work, reimbursement schedule is much better, initial allocation a big help, need more training about CCHCP funds

CCHCP funding is/will help my clients. We appreciate this help.

No problems with changes

There are pros and cons for the every other month reimbursements

Like using utilization for the allocation. It makes sense.

Tooooo little communications with us about any of them

The new formula didn't change our allocations, so I was pleased with that, but fearful if utilization reduces that it will. Every year is a little different with no way to predict changes. I like the new reimbursement forms, the schedule is fine for us, just having to get used to it.

Pleased with the change in CCHCP guidelines, but the amount allotted is too low for this year.

Accounting does not like initial/upfront allocations

The changes have been great. I believe the New Management is working to bring the funding process to a fair workable process.

These seem like a good start.

CCHCP change is wonderful. Do we have the recap, yet?

I have found the changes to be fair because our utilization is fairly high and our level of service is high. It is nice to get a little more money because of that. But we will never be able to compete bed wise with urban homeless shelters. So the formula seems to have some balance.

As stated earlier, it is so much better than before. I understand it takes time to implement changes for improvement. You are on the right track.

No Comment

Wasn't able to attend the forum and don't have enough information to comment

Good idea to use CCHCP for entire length of stay , but more money is needed to cover this ...

Love the new reimbursement forms. Definitely a move in the right direction.

Good, exp. CCHCP extended use.

Utilization and # of beds % appear to reinforce institutionalism of homelessness--quotas not a good thing, CCHCP changes a good thing

Like funding formula change. New reimbursement funds are painful but really help track funds. Bimonthly reimbursement is awkward.

Shelter managers are always trying to implement new goals and achievement programs through resume training, or gathering and providing employment applications. Makeovers etc.

Good changes

# of beds. 25% of ours are out of commission due to refurbishing project program cost, however, continue

Possible Program Changes (feedback)

They all seem practical, but until they are being used it is hard to know.

Rapid re-housing will not be successful in this rural setting unless clients participate in services needed to address issues causing homelessness, 2 year contracts would be great.

I just took a class in Logic Model and appreciate its accountability.

Like the 2 year contract idea - except for HIP - need to clean house and get new administrators and maybe new and improved DHCD policies so homeless people can actually GET HIP money from administrators blaming DHCD for not being able to help homeless people with HIP.

I am not aware of most of the proposed changes and what they mean.

Two-year contracts is a plus.

Two year contracts will be helpful.

Let's work to bring HMIS into the State Grant process.

I would like to see rapid re-housing even in urban areas. Outcomes should include length of homelessness and return to shelter rate (recidivism) and should differ based on sub-populations served. Kelly King Horne, Homeward

Two year grant contracts would be wonderful.

Sounds good. I don't know what rural best practice and rapid re-housing means. In an area that has so little available housing, that is a little scary.

Love the idea of two-year grant contracts. Downside is how funding is awarded--if we feel we could do better or should have gotten more money, we have to wait an extra 12 months to get more money!

Wasn't able to attend the forum and don't have enough information to comment.

I prefer to hold my opinion until I actually see how the new changes and approaches will work.

2yr is good but needs to be modified to reflect major changes in the programs.

Good

Did not have time to attend the local workshop. Will there be a summary for us to read?

None

Need more information on all.

Just remember the differences between hypothermia emergency shelters.

Like the proposed changes.

Less application time and expense would be great.

I would welcome two year grant contracts.